Complete Summary

TITLE

Eye care: percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma or their caregiver who were counseled within 12 months about 1) the potential impact of glaucoma on their visual functioning and quality of life, and 2) the importance of treatment adherence.

SOURCE(S)

American Academy of Ophthalmology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Eye care physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2007 Oct. 36 p. [42 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) or their caregiver who were counseled within 12 months about 1) the potential impact of glaucoma on their visual functioning and quality of life, and 2) the importance of treatment adherence.

RATIONALE

1. Scientific basis for assessing counseling in disease impact and adherence

Disease management is a challenge for the patient and the ophthalmologist or optometrist because primary open-angle glaucoma (POAG) is a chronic, frequently asymptomatic condition that may require daily use of multiple and expensive medications with potential side effects, or may require laser or incisional surgery. Establishing a regimen requires attention to its effectiveness (potential impact on the disease) and toxicity (the drug-induced side effects), and the degree to which efficacy is reduced by nonadherence to therapy due to visual, physical, social, economic, or psychologic factors. The ophthalmologist should consider these issues in choosing a regimen of maximal effectiveness and tolerance to achieve the desired therapeutic response for each patient.

Patient education and informed participation in treatment decisions may improve adherence and overall effectiveness of glaucoma management. Repeated instruction in proper techniques for using medication may improve adherence to therapy (see above). A study in press (Quigley et al., private communication) demonstrates that adherence and compliance are improved by having the physician ask about the patient's use of medications. More directly, patients with visual field loss in even one eye have noticeable decrements in not only vision related functioning but also visual functioning scores, yet, ophthalmologists and optometrists do not routinely inquire about this. Information gained from asking about this issue of quality of life will increase provider awareness of the impact of the disease in that patient and likely lead to greater intensity of treatment in lowering IOP, thereby improving patient outcomes as reported in numerous randomized controlled trials (RCTs).

2. Evidence of gap in care

Published studies indicate that nearly half of patients with POAG fear blindness and visual loss upon diagnosis with glaucoma (CIGTS), yet physicians inquire about the patient's visual functioning and quality of life less than 1% of the time.

As to adherence and compliance, as noted in the guidelines section above, patient adherence and compliance to therapy are no better in glaucoma than in other chronic diseases, suggesting that most patients are not fully compliant or adherent to their use of medications. In addition, several studies indicate that half of patients with OAG in the Medicare population will have at least one 18 month gap in their continuous care over a 5 year time period, supporting the findings of several single site studies indicating that many patients have failed to keep scheduled appointments.

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines (from the American Academy of Ophthalmology [AAO]) and represent the evidence base for the measure:

The diagnosis, severity of the disease, prognosis and management plan, and likelihood of long-term therapy should be discussed with the patient.

Adherence to the therapeutic regimen and the patient's response to recommendations for therapeutic alternatives or diagnostic procedures should be discussed.

Patients should be encouraged to alert their ophthalmologists to physical or emotional changes that occur when taking glaucoma medications. Glaucoma treatments frequently affect patients' quality of life, including employment issues (e.g., fear of loss of job and insurance from diminished ability to read and drive), social issues (e.g., fear of negative impact on relationships and sexuality), and loss of independence and activities that require good visual acuity (e.g., sports and other hobbies). The ophthalmologist should be sensitive to these problems and provide support and encouragement. Some patients may find peer support groups or counseling helpful.

Adequate treatment of glaucoma requires a high level of adherence to therapy. Frequently this is not achieved; studies indicate relatively poor adherence to therapy in one-third or more of patients, depending on the medications used. Repeated instruction in proper techniques for using medication may improve adherence to therapy. At each examination, medication dosage and frequency of use should be recorded. Adherence to the therapeutic regimen and the patient's response to recommendations for therapeutic alternatives or diagnostic procedures should be discussed. Cost may be a factor in adherence, especially when multiple medications are used.

Please note that the American Optometric Association's (AOA's) 2002 guideline on Open-angle Glaucoma was not reviewed during the development of this measure prior to the public comment period and therefore is not presented here verbatim. Review of the AOA guideline subsequent to initial measure development indicates that the recommendations in the AOA guideline are consistent with the intent of the measure. As such, the intent of this measure is to have this indicator apply to both optometrists and ophthalmologists (and any other physician who provides glaucoma care); the use of "ophthalmologists" only in the preceding verbatim section reflects the wording in the American Academy of Ophthalmology Preferred Practice pattern.

PRIMARY CLINICAL COMPONENT

Primary open-angle glaucoma (POAG); patient/caregiver counseling (visual functioning, quality of life, treatment adherence)

DENOMINATOR DESCRIPTION

All patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients or their caregiver(s) who were counseled within 12 months about 1) the potential impact of glaucoma on their visual functioning and quality of life and 2) the importance of treatment adherence

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- Primary open-angle glaucoma.

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

American Academy of Ophthalmology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Eye care physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2007 Oct. 36 p. [42 references]

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG)

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
All patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG)

Exclusions

- Documentation of medical reason(s) for not providing counseling to the patient or caregiver (e.g., patient has impaired mental status and no caregiver)
- Documentation of system reason(s) for not providing counseling to the patient or caregiver

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Patients or their caregiver(s) who were counseled within 12 months about 1) the potential impact of glaucoma on their visual functioning and quality of life and 2) the importance of treatment adherence

Exclusions
None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Measure #2 primary open-angle glaucoma: counseling on glaucoma.

MEASURE COLLECTION

The Physician Consortium for Performance Improvement® Measurement Sets

MEASURE SET NAME

Eye Care Physician Performance Measurement Set

SUBMITTER

American Medical Association on behalf of the American Academy of Ophthalmology, the National Committee for Quality Assurance, and the Physician Consortium for Performance Improvement®

DEVELOPER

American Academy of Ophthalmology
National Committee for Quality Assurance
Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Paul P. Lee, MD, JD (*Co-Chair*); Jinnet B. Fowles, PhD (*Co-Chair*)

Non-surgical Management Subgroup:

Richard L. Abbott, MD; Lloyd P. Aiello, MD, PhD; Murray Fingeret, OD; Andrea Gelzer, MD, MS, FACP; Mathew MacCumber, MD; Mildred M.G. Olivier, MD; Marcus G. Piccolo, OD; Sam J.W. Romeo, MD, MBA

Surgical Management Subgroup:

Priscilla P. Arnold, MD; Andrea Gelzer, MD, MS, FACP; Richard Hellman, MD, FACP, FACE; Leon W. Herndon, MD; Jeffrey S. Karlik, MD; James L. Rosenzweig, MD, FACE; John T. Thompson, MD

Flora Lum, MD, American Academy of Ophthalmology

Karen S. Kmetik, PhD, American Medical Association; Heidi Bossley, MSN, MBA, American Medical Association; Stephen Havas, MD, MPH, American Medical Association

Donna Pillittere, National Committee for Quality Assurance; Phil Renner, MBA, National Committee for Quality Assurance

Susan Nedza, MD, MBA, FACEP, Centers for Medicare & Medicaid Services; Sylvia Publ, MBA, RHIA, Centers for Medicare & Medicaid Services

Timothy F. Kresowik, MD, Facilitator; Rebecca A. Kresowik, Facilitator

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

INCLUDED IN

Ambulatory Care Quality Alliance

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2007 Oct

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

American Academy of Ophthalmology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Eye care physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2007 Oct. 36 p. [42 references]

MEASURE AVAILABILITY

The individual measure, "Measure #2 Primary Open-angle Glaucoma: Counseling on Glaucoma," is published in the "Eye Care Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on February 13, 2008. The information was verified by the measure developer on April 22, 2008.

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